## **Entry Blank—Please Type or Print** ☐ Ms./Artist R. Mathews Mr./Artist Permanent State Route 2 Address Daytime Tel. (419) 335-2448 Temporary or State Route 2 P.O. Box 332 Archbold, O. Street City Studio Address Daytime Tel. (419) 446-2541 43502 If you do not presently live in one of the counties of the Western Reserve, in which county were you born? \_\_\_\_\_\_\_Mahoning Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

I have received the unsold/unaccepted object(s) in good condition.

Signature \_\_\_\_\_

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

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A Paint			☐ Photog	raphy ecify category)
Materials used (media)	:			
	Glass			
Title Fred	¿ Ethel			
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	Glass			
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